

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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U.S. DEPARTMENT OF LABOR
OFFICE OF LABOR-MANAGEMENT STANDARDS
AUG 15 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7126</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Daniel</u> <u>A</u> <u>Virtue</u> P.O. Box, Bldg., Room No., if any Street <u>1027 New Valley Rd</u> City <u>Marysville</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>17053</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 776</u> Labor Organization File Number <u>022-656</u> P.O. Box, Building and Room Number, if any Street <u>2552 Jefferson Street</u> City <u>Harrisburg</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>17110-2505</u>
5. Position in labor organization. <u>President, Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Daniel A Virtue</u>	On <u>8/12/2005</u>	<u>717-233-8766</u>
	Date	Telephone Number

Name of Person Filing Daniel Virtue

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Roadway Express

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 Roadway Drive

City Carlisle

State Pennsylvania

ZIP Code + 4 17013

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pete Hassler

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 Roadway Drive

City Carlisle

State Pennsylvania

ZIP Code + 4 17013

11.a. Nature of such dealing.

1/27/04 ERJAC - Lunch \$23.67

1/28/04 ERJAC - Breakfast \$14.27

2/3/04 JWAC - Dinner \$87.79

4/9/04 COOP - Lunch \$14.26

5/15/04 COOP - Dinner \$98.39

7/3/04 EEFB - Dinner \$45.68

7/12/04 NGC - Meeting \$27.89

11.b. Approximate dollar value of such dealing.

\$312

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing Daniel Virtue

File Number U-

Part B Continuation Page

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Name Roadway Express

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 Roadway Express

City Carlisle

State Pennsylvania ZIP Code + 4 17013

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pete Hassler

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 Roadway Drive

City Carlisle

State Pennsylvania ZIP Code + 4 17013

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

11.a. Nature of such dealing.

10/4/04 CPAT Pension - Dinner \$60.41
12/21/04 EEFB - Lunch \$19.14

11.b. Approximate dollar value of such dealing. \$80

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Daniel Virtue

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name International Truck & Engine

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 105 Steamboat Blvd

City Manchester

State Pennsylvania ZIP Code + 4 17345

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Richard Zounes

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 105 Steamboat Blvd

City Manchester

State Pennsylvania ZIP Code + 4 17345

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

11.a. Nature of such dealing.

8/31/04 Meet Corporate Rep. - Dinner \$40.00

11.b. Approximate dollar value of such dealing.

\$40

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name USF Holland

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 750 E. 40th Street

City Holland

State Michigan ZIP Code + 4 49423

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Len Waldo

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 750 E. 40th Street

City Holland

State Michigan ZIP Code + 4 49423

11.a. Nature of such dealing.

8/9/04 Discuss Term Opening - Dinner \$36.05

11.b. Approximate dollar value of such dealing.

\$36

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name ABF Freight Systems
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1165 NC Highway 66
City Kernersville
State North Carolina ZIP Code + 4 27284

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Tony Nations
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1165 NC Highway 66
City Kernersville
State North Carolina ZIP Code + 4 27284

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☒ c. Employer

11.a. Nature of such dealing.

4/14/04 Meeting - Lunch \$20.07

11.b. Approximate dollar value of such dealing.

\$20

12.a. Nature of interest held or income received.

12.b. Amount.

BRAD LINESAY
VICE PRESIDENT
KEVIN M. CIOK
RECORDING SECRETARY
AND BUSINESS AGENT
WILLIAM G. DAVIES, JR.
TRUSTEE
RONALD W. HICKS
TRUSTEE
MICHAEL HORD
TRUSTEE

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL UNION NO. 776

"AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS"
2552 JEFFERSON STREET, HARRISBURG, PA 17110-2505

DANIEL A. VIRTUE
PRESIDENT AND BUSINESS AGENT

JOHN L. FOGLE, II
SECRETARY TREASURER AND BUSINESS AGENT

BUSINESS AGENTS

MARK P. ANDREOZZI
KITTIE HAKE
KEITH LaCROIX
WILLIAM OLMEDA
CARLOS N. RAMOS II
ROBERT J. SNYDER JR.
RUSSELL A. STEPP



July 25, 2005

Michael Scalzo, Sr
ABF Freight Systems
7 Depot Hill Road
Enfield, CT 06082

Dear Michael;

In the past several months, the Department of Labor has announced that it will begin a vigorous program requiring all Union officers to comply with the reporting and disclosure requirements mandated by the Labor Management and Disclosure Act.

Among these requirements is the need for Union Officers/Business Agents to file on an annual basis a LM-30, reporting all gifts, meals and/or other expenditures from vendors to the Union that exceeds \$25.00.

Officers and employees of the "Union" must file LM-30 reports for 2004 by August 15, 2005. Due to the LM-30 report that must be filed, we are requesting any dates and amounts that you may have for the 2004 fiscal year that you will be reporting on your LM-10. This information is being requested for any and all Officers or Business Agents.

Please fax your findings to Local 776 as soon as possible (717) 233-6023. I thank you in advance for your cooperation in this matter.

Sincerely,

Daniel A. Virtue
President, Local 776

DAV/kad

BRAD LINDSAY
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AND BUSINESS AGENT
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ROBERT J. SNYDER, JR.
RUSSELL A. STEPP

July 25, 2005

Margie Dziennik
International Truck & Engine Corp.
105 Steamboat Blvd.
Manchester, Pa 17345

Dear Margie;

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RUSSELL A. STEPP

July 25, 2005

Daniel W. Schmidt
V.P. Labor Relations
P. O. Box 630
625 S. Fifth Avenue
Lebanon, Pa 17042

Dear Daniel;

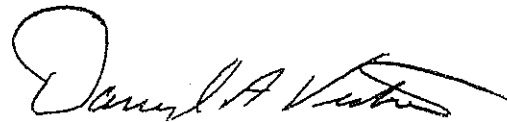
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RUSSELL A. STEPP

July 25, 2005

Pete Hassler
Roadway Express
100 Roadway Drive
Carlisle, Pa 17013

Dear Pete;

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RUSSELL A. STEPP

July 25, 2005

Mark Johnson
UPS
1821 S. 19th Street
Harrisburg, Pa 17104

Dear Mark;

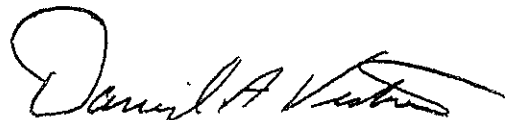
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RUSSELL A. STEPP

July 25, 2005

Len Waldo
Director of Labor
750 E. 40th Street
Holland, MI 49423

Dear Len;

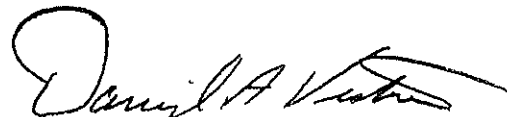
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July 25, 2005

John Novak
Yellow Freight
1000 Homestead Avenue
Maybrook, NY 12543

Dear John;

In the past several months, the Department of Labor has announced that it will begin a vigorous program requiring all Union officers to comply with the reporting and disclosure requirements mandated by the Labor Management and Disclosure Act.

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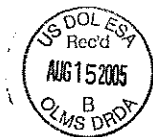
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August 12, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Washington, DC 20210-0001

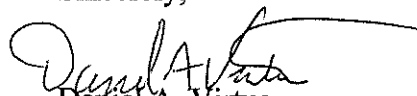
To Whom It May Concern:

Enclosed, please find my completed LM-30 form for 2004.

To the best of my knowledge, the form is complete and accurate based on a good faith effort to comply with the requirements.

Also enclosed are copies of letters sent to employers in an attempt to verify any expenditure made for meals at meetings I may have attended. Any information supplied by these employers in a timely manner, prior to August 15, 2005, has been included in my report. There were no other types of reportable expenditures that I recall made by anyone on my behalf.

Sincerely,



Daniel A. Virtue